



TEMPORARY FOOD EVENT COORDINATOR'S APPLICATION

Director
202-513-7217

Assistant Director
202-513-7226

National Capital
202-619-7070

Northeast
978-970-5033

Southeast
404-562-3124
x697

Midwest
402-221-3786

InterMountain
303-969-2922

Desert Southwest
505-988-6040

Pacific West/Pacific
Islands/Alaska
510-817-1375
206-220-4270

Web Resources

NPS Public Health:

[http://www.nps.gov/public_](http://www.nps.gov/public_health/)
[health/](http://www.nps.gov/public_health/)

FDA:

[http://www.cfsan.fda.gov/li](http://www.cfsan.fda.gov/list.html)
[st.html](http://www.cfsan.fda.gov/list.html)

**State and Local Health
Departments:**

[http://www.cdc.gov/mmwr/](http://www.cdc.gov/mmwr/international/relres.html)
[international/relres.html](http://www.cdc.gov/mmwr/international/relres.html)

(To be completed for events with several temporary food vendors)

APPLICATION SUBMISSION DATE: _____

1. NAME OF EVENT:

2. LOCATION OF EVENT:

DESCRIBE SITE OF EVENT:

3. DATES & TIMES OF EVENT:

4. NAME(S) OF EVENT COORDINATOR(S)/RESPONSIBLE INDIVIDUAL(S):

NAME	ADDRESS	PHONE NUMBER
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a.	_____	_____
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b.	_____	_____
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c.	_____	_____
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d.	_____	_____
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e.	_____	_____
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5. NAME OF THE ON-SITE COORDINATOR & HOW THIS INDIVIDUAL CAN BE CONTACTED DURING ENTIRE EVENT:

NAME

ADDRESS

PHONE NUMBER

6. EXPECTED NUMBER OF PATRONS:

EXPECTED PEAK DAYS:

ANTICIPATED NUMBERS OF PATRONS PER DAY:

****Attach additional sheets as necessary****

7. NUMBER OF TFE SITES/OPERATIONS:

8. NAME OF INDIVIDUAL RESPONSIBLE FOR EACH TFE SITE:

NAME

ADDRESS

PHONE NUMBER

a.

b.

c.

d.

e.

9. DATE & TIME THAT FOOD SERVICE OPERATIONS WILL BE SETUP:

10. DESCRIBE TOILET & HANDWASHING FACILITIES (TYPE, NUMBER, AND LOCATION):

a. INDICATE WHO WILL BE RESPONSIBLE FOR THEIR MAINTENANCE DURING THE EVENT:

b. IF PORTABLE TOILETS ARE TO BE USED, HOW OFTEN WILL THEY BE SERVICED (EMPTIED) DURING THE EVENT?

11. WILL ELECTRICITY BE PROVIDED TO THE TFE SITES? ____YES ____NO

IF YES, PLEASE DESCRIBE HOW?

12. DESCRIBE POTABLE WATER SUPPLY:

(NOTE: IF A NON-PUBLIC WATER SUPPLY IS TO BE USED, THE RESULTS OF THE MOST RECENT WATER TEST MUST BE SUBMITTED)

13. DESCRIBE WASTEWATER DISPOSAL SYSTEM:

14. DESCRIBE GARBAGE DISPOSAL:

****Attach additional sheets as necessary****

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Regulatory Office may nullify final approval.

Signature(s)

Date: _____

Approval of these plans and specifications by this Regulatory Authority does **not** indicate compliance with any other code, law or regulation that may be required (i.e., federal, state, or local). Furthermore, it does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preopening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

Regulatory Authority:

APPROVAL: _____ DATE: _____

Permit Restrictions:

Permit Effective Dates:

DISAPPROVAL: _____ DATE: _____

Reason(s) for Disapproval:

Reviewer Signature & Title

Date: _____